|  | United States Environ                             | mental Protection          | Agency                  |                   | Work Assignment N         | umber                   |                          |  |  |  |
|--|---|----------------------------|-------------------------|-------------------|---------------------------|-------------------------|--------------------------|--|--|--|
| EPA  |   | ngton, DC 20460            | .go.ioj                 |                   | 5-01                      |                         |                          |  |  |  |
| EFA  | Work A  | ssignment                  |                         |                   | Other                     | Amenda                  | nent Number:             |  |  |  |
|  |   |                            |                         |                   |                           |                         |                          |  |  |  |
| Contract Number  | Contract Period 02                                | /14/2009 <b>To</b>         | 06/15/2                 | 2014              | Title of Work Assign      | ment/SF Site Nan        | пе                       |  |  |  |
| EP-C-09-008  | Base  | Option Period Nur          | mber 5                  |                   | Program Implementation    |                         |                          |  |  |  |
| Contractor  EASTERN RESEARCH GROUP   | TNC   | Specify 3.2                | y Section and pa        | ragraph of Con    | tract SOW                 |                         |                          |  |  |  |
| Burnoso:   | , INC.  | Work Assignment C          | Class Out               |                   | Period of Performan       | ince.                   |                          |  |  |  |
| Work Assignment  Work Assignment   | L<br>Amondment F                                  |                            | Period of Periodinance  |                   |                           |                         |                          |  |  |  |
| <b>=</b>   | _   |                            | From 02/14/             | 2014 <b>To</b> 06 | /15/2014                  |                         |                          |  |  |  |
| Work Plan Approva  | <del></del>                                       |                            |                         |                   |                           |                         | ,,                       |  |  |  |
| Work Assignment 5-01 is appr<br>Performance).  | roved but no costs ar                             | e to be incured            | d until 2/1             | 4/2014 (t         | he start of the           | e new Peiod o           | f                        |  |  |  |
| rerrormance/.  |   |                            |                         |                   |                           |                         |                          |  |  |  |
| Superfund Accounting and Appropriations Data X Non-Superfund   |   |                            |                         |                   |                           |                         |                          |  |  |  |
| Superfund  |   |                            |                         | Χ                 | Non-Superfund             |                         |                          |  |  |  |
| SFO  | Note: To report additional a                      | EPA Form 1900              | 0-69A.                  |                   |                           |                         |                          |  |  |  |
| (Max 2)  |   |                            |                         |                   |                           |                         |                          |  |  |  |
|  | propriation Budget Org/Code<br>de (Max 6) (Max 7) | Program Element<br>(Max 9) | Object Class<br>(Max 4) | Amount (Do        | ollars) (Cents)           | Site/Project<br>(Max 8) | Cost Org/Code<br>(Max 7) |  |  |  |
|  | Je (Max 7)  | (IMAX 9)                   | (Max 4)                 |                   |                           | (IVIAX 0)               | (Wax 7)                  |  |  |  |
| 1  |   |                            |                         |                   | +                         |                         |                          |  |  |  |
| 3  |   |                            |                         |                   |                           |                         |                          |  |  |  |
| 4  |   |                            |                         |                   |                           |                         |                          |  |  |  |
| 5  |   |                            |                         |                   | Ĩ                         |                         |                          |  |  |  |
|  | Au  | thorized Work Assi         | gnment Ceilin           | g                 |                           | •                       | •                        |  |  |  |
| Contract Period:   | Cost/Fee:   |                            |                         | LOE:              | 0                         |                         |                          |  |  |  |
| 02/14/2009 To 06/15/203 This Action:   | 14  |                            |                         |                   | 2 540                     |                         |                          |  |  |  |
|  |   |                            |                         |                   | 3,548                     |                         | _                        |  |  |  |
| Total:   |   |                            |                         |                   | 3,548                     |                         | _                        |  |  |  |
|  | W   | ork Plan / Cost Esti       | mate Approva            | als               |                           |                         |                          |  |  |  |
| Contractor WP Dated:   | Cost/Fee:   |                            |                         | LOE:              |                           |                         |                          |  |  |  |
| Cumulative Approved:   | Cost/Fee:   |                            |                         | LOE:              |                           |                         |                          |  |  |  |
| Work Assignment Manager Name Tara  | OHare   |                            |                         | Bran              | ich/Mail Code:            |                         |                          |  |  |  |
|  |   |                            |                         | Phoi              | ne Number 202-            | 564-8836                |                          |  |  |  |
| (Signature)  |   | (Date                      | )                       |                   | Number:                   |                         |                          |  |  |  |
| Project Officer Name Robin Danes   | 31  |                            | ich/Mail Code:          | 237 1200          |                           |                         |                          |  |  |  |
| (Signature)  |   | (D-4-                      |                         |                   | ne Number: 202-           | 564-1846                |                          |  |  |  |
| Other Agency Official Name   |   | (Date                      | )                       |                   | Number:<br>ich/Mail Code: |                         |                          |  |  |  |
| emerica to Victoria Victoria Victoria Control Victoria Vi | -   | ne Number:                 |                         |                   |                           |                         |                          |  |  |  |
| (Signature)  |   | Number:                    |                         |                   |                           |                         |                          |  |  |  |
|  | A. Knecht   | (Date                      | 0                       |                   | Branch/Mail Code:         |                         |                          |  |  |  |
|  |   |                            |                         | Pho               | ne Number: 513            | -487-2043               |                          |  |  |  |
| -  |   |                            |                         |                   | 530                       |                         |                          |  |  |  |

|  | United States Enviror  | mental Protection A   | Agency          |                   | Work Assig                              | nment Nu                   | umber            |                   |  |  |  |
|--|--|-----------------------|-----------------|-------------------|---|----------------------------|------------------|-------------------|--|--|--|
| EPA  |  | ington, DC 20460      | .gomey          |                   | 5-01                                    |                            |                  |                   |  |  |  |
| EFA  | Work A   | Assignment            |                 |                   |   | Other                      | X Amendr         | nent Number:      |  |  |  |
|  |  | •                     |                 |                   |   |                            | 00000            | 01                |  |  |  |
| Contract Number                                  | Contract Period 0  | 2/14/2009 <b>To</b>   | 08/13/2         | 2014              | Title of Wor                            | k Assignr                  | nent/SF Site Nar | ne                |  |  |  |
| EP-C-09-008                                      | Base   | Option Period Nur     | mber 5          |                   | Program                                 | n Supp                     | ort              |                   |  |  |  |
| Contractor                                       |  | Specify               | Section and par | ragraph of Cor    | ntract SOW                              |                            |                  |                   |  |  |  |
| EASTERN RESEARCH GROUE  Purpose: Ward Assissment |  |                       | T               |                   |   |                            |                  |                   |  |  |  |
| Work Assignment                                  | ;  | Work Assignment C     |                 |                   | Period of I                             | Performano                 | ce               |                   |  |  |  |
| X Work Assignment                                | Amendment  | Incremental Funding   | g               |                   | From 02/14/2014 To 08/13/2014           |                            |                  |                   |  |  |  |
| Work Plan Approv                                 | ral  |                       | From U          | 2/14/2            | 2014 16 08                              | 5/13/2014                  |                  |                   |  |  |  |
| Comments: The purpose of this amendme            | nt is to extend the  | POP end date to       | 8/13/14 an      | ıd amend t        | tasks.                                  |                            |                  |                   |  |  |  |
|  |  |                       |                 |                   |   |                            |                  |                   |  |  |  |
|  |  |                       |                 |                   |   |                            |                  |                   |  |  |  |
| Superfund  | Ad   | ĺ                     |                 |                   | Χ                                       | Non-Superfund              |                  |                   |  |  |  |
|  | Note: To report additional accounting and appropriations date use EPA Form |                       |                 |                   |   |                            |                  |                   |  |  |  |
| SFO<br>(Max 2)                                   |  |                       |                 |                   |   |                            |                  |                   |  |  |  |
| <sub>Φ</sub> DCN Budget/FY Ap                    | propriation Budget Org/Code  | e Program Element     | Object Class    | Amount (Do        | ollars)                                 | (Cents)                    | Site/Project     | Cost Org/Code     |  |  |  |
| <u> </u>   | de (Max 6) (Max 7)   | (Max 9)               | (Max 4)         | Vicinities Vicini | *************************************** | (                          | (Max 8)          | (Max 7)           |  |  |  |
| 1  |  |                       |                 |                   |   |                            |                  |                   |  |  |  |
| 2  |  |                       |                 |                   |   |                            |                  |                   |  |  |  |
| 3  |  |                       |                 |                   |   | ,                          |                  |                   |  |  |  |
| 4  |  |                       |                 |                   |   |                            |                  |                   |  |  |  |
| 5  |  | 1                     |                 |                   |   |                            |                  |                   |  |  |  |
| Contract Period:                                 |  | uthorized Work Assig  | gnment Ceilin   |                   | 2 540                                   |                            |                  |                   |  |  |  |
| 02/14/2009 To 08/13/20                           | Cost/Fee:<br>14  |                       |                 | LOE:              | 3,548                                   |                            |                  |                   |  |  |  |
| This Action:                                     |  |                       |                 |                   | 852                                     |                            |                  | :=                |  |  |  |
|  |  |                       |                 |                   |   |                            |                  | _                 |  |  |  |
| Total:   |  |                       |                 |                   | 4,400                                   |                            |                  |                   |  |  |  |
|  |  | Vork Plan / Cost Esti | mate Approva    | 91(4.9) (1        |   |                            |                  |                   |  |  |  |
| Contractor WP Dated:                             | Cost/Fee:  |                       |                 | LOE:              |   |                            |                  |                   |  |  |  |
| Cumulative Approved:                             | Cost/Fee:  |                       |                 | LOE:              |   |                            |                  |                   |  |  |  |
| Work Assignment Manager Name Tara                | a OHare  |                       |                 | Brar              | nch/Mail Co                             |                            |                  |                   |  |  |  |
|  |  |                       |                 | 200 0000000       | ne Number                               | 202-                       | 564-8836         |                   |  |  |  |
| (Signature)  Project Officer Name Robin Dane     |  | Number:               | 0               |                   |   |                            |                  |                   |  |  |  |
| Project Officer Name RODITI Datte.               |  | nch/Mail Co           |                 | F.C.A. 10.16      |   |                            |                  |                   |  |  |  |
| (Signature)                                      |  | /Data                 | 1               |                   |   | 202-                       | 564-1846         |                   |  |  |  |
| Other Agency Official Name                       |  | (Date)                |                 |                   | Number:                                 | day                        |                  |                   |  |  |  |
|  |  |                       |                 |                   |   |                            |                  |                   |  |  |  |
| (Signature) (Date)                               |  |                       |                 |                   |   | Phone Number:  FAX Number: |                  |                   |  |  |  |
|  |  |                       |                 |                   |   |                            |                  | Branch/Mail Code: |  |  |  |
|  |  |                       |                 | Pho               | ne Number:                              | 513-                       | -487-2043        |                   |  |  |  |
| (0)  |  | <del></del>           |                 | —   FAX           | NI. mala ave                            |                            |                  |                   |  |  |  |

| EPA                                  | United States Environ<br>Washi   | mental Protection Angton, DC 20460 | Agency                  |                | Work Assig                    | ınment Nu   | umber                   |                          |  |  |
|--------------------------------------|--|------------------------------------|-------------------------|----------------|-------------------------------|-------------|-------------------------|--------------------------|--|--|
| LFA                                  | Work A   | ssignment                          |                         |                |                               | Other       |                         | nent Number:             |  |  |
|                                      |  |                                    |                         |                |                               |             | 00000                   |                          |  |  |
| Contract Number                      | Contract Period 02   | /14/2009 <b>To</b>                 | 08/13/2                 | 2014           |                               | •           | nent/SF Site Nam        | ie                       |  |  |
| EP-C-09-008                          | Base   | Option Period Nur                  |                         |                | Web Su                        | oport       |                         |                          |  |  |
| Contractor  EASTERN RESEARCH G:      | ROUP. INC.   | Specify                            | / Section and pa        | ragraph of Cor | ntract SOW                    |             |                         |                          |  |  |
| Purpose: Work Assign                 |  | Work Assignment C                  | Nose-Out                |                | Period of Performance         |             |                         |                          |  |  |
|                                      | ·  | ╡ ***                              |                         |                | - Silve of Administration     |             |                         |                          |  |  |
| Work Plan                            | gnment Amendment Approval  | Incremental Fundin                 | g                       |                | From 02/14/2014 To 08/13/2014 |             |                         |                          |  |  |
| Comments:                            | andmost is to sytand the D   | OD and data to                     | 0/12/14 5*              |                | ditional                      | house       |                         |                          |  |  |
| The purpose of this ame              | endment is to extend the P   | OP end date to                     | 8/13/14 ai              | 10 800 800     | artionar.                     | nours.      |                         |                          |  |  |
|                                      |  |                                    |                         |                |                               |             |                         |                          |  |  |
|                                      | Δοι  | Y                                  |                         |                | Х                             |             |                         |                          |  |  |
| Superfund                            | Superfund Accounting and Appropriations Data  Note: To report additional accounting and appropriations date use EPA Form |                                    |                         |                |                               |             |                         | Non-Superfund            |  |  |
| SFO<br>(Max 2)                       | Note: Το report additional a   | EPA FORM 190                       | IU-69A.                 |                |                               |             |                         |                          |  |  |
| ⊕ DCN Budget/FY<br>⊆ (Max 6) (Max 4) | Appropriation Budget Org/Code<br>Code (Max 6) (Max 7)  | Program Element<br>(Max 9)         | Object Class<br>(Max 4) | Amount (D      | ollars)                       | (Cents)     | Site/Project<br>(Max 8) | Cost Org/Code<br>(Max 7) |  |  |
| 1                                    |  |                                    |                         |                |                               |             |                         |                          |  |  |
| 2                                    |  |                                    |                         |                |                               |             |                         |                          |  |  |
| 3:                                   |  |                                    |                         |                |                               |             |                         |                          |  |  |
| 4                                    |  |                                    |                         |                |                               | 9           |                         |                          |  |  |
| 5:                                   |  |                                    |                         |                |                               |             |                         |                          |  |  |
|                                      | Au   | thorized Work Assi                 | gnment Ceilin           | ıg             |                               |             |                         |                          |  |  |
| Contract Period: 02/14/2009 To 08/13 | Cost/Fee:  |                                    |                         | LOE:           | 350                           |             |                         |                          |  |  |
| This Action:                         | 3/2014   |                                    |                         |                | 510                           |             |                         | 3.■                      |  |  |
|                                      |  |                                    |                         |                | 310                           |             |                         | _                        |  |  |
| Total:                               |  |                                    |                         |                | 860                           |             |                         |                          |  |  |
|                                      | W  | ork Plan / Cost Esti               | mate Approva            | als            |                               |             |                         |                          |  |  |
| Contractor WP Dated:                 | Cost/Fee:  |                                    |                         | LOE:           |                               |             |                         |                          |  |  |
| Cumulative Approved:                 | Cost/Fee:  |                                    |                         | LOE            | :                             |             |                         |                          |  |  |
| Work Assignment Manager Name         | Robin Danesi   |                                    |                         | Brai           | nch/Mail Co                   | de:         |                         |                          |  |  |
|                                      |  |                                    |                         | Pho            | ne Number                     | 202-        | 564-1846                |                          |  |  |
| (Signa                               | ture)  | (Date                              | )                       | — FAX          | ( Number:                     |             |                         |                          |  |  |
| Project Officer Name Robin D         | Brai   | nch/Mail Co                        | de:                     |                |                               |             |                         |                          |  |  |
|                                      |  |                                    |                         |                |                               | : 202-!     | 564-1846                |                          |  |  |
| (Signa                               | ture)  | (Date                              | )                       | FAX            | ( Number:                     |             |                         |                          |  |  |
| Other Agency Official Name           | Brai   | nch/Mail Co                        | de:                     |                |                               |             |                         |                          |  |  |
|                                      | Pho  | Phone Number:                      |                         |                |                               |             |                         |                          |  |  |
| (Signature) (Date)                   |  |                                    |                         |                |                               | FAX Number: |                         |                          |  |  |
| Contracting Official Name Robe       | ert A. Knecht  |                                    |                         |                | Branch/Mail Code:             |             |                         |                          |  |  |
|                                      |  |                                    |                         |                |                               | 513-        | 487-2043                |                          |  |  |
| (Signa                               | tura)  | /Data                              | ,                       | EAY            | Number                        |             |                         |                          |  |  |

|   | United States Env         | vironmental P<br>ashington, D |                      | Agency                  |                | Work Assignment No                      | umber  |                          |  |  |
|---|---------------------------|-------------------------------|----------------------|-------------------------|----------------|---|--|--------------------------|--|--|
| EPA   |                           |                               |                      |                         |                |   |  |                          |  |  |
|   | wor                       | k Assigı                      | nment                |                         |                | Other                                   | The second state of the second | ent Number:              |  |  |
|   |                           |                               |                      |                         |                |   | 00000  | 1                        |  |  |
| Contract Number   | Contract Period           | 02/14/2                       | 009 <b>To</b>        | 08/13/2                 | 2014           | 4 Title of Work Assignment/SF Site Name |  |                          |  |  |
| EP-C-09-008   | Base                      | Option                        | Period Nur           |                         |                | Product supp                            | port   |                          |  |  |
| Contractor  | D. TNG                    |                               | Specify              | Section and pa          | ragraph of Cor | tract SOW                               |  |                          |  |  |
| EASTERN RESEARCH GROU   |                           |                               |                      |                         |                | T                                       |  |                          |  |  |
| Work Assignment   |                           | Work /                        | Assignment C         | Close-Out               |                | Period of Performan                     | ce   |                          |  |  |
| X Work Assignmen  | nt Amendment              | Increm                        | nental Fundin        | g                       |                |   |  |                          |  |  |
| Work Plan Appro   | From 02/14/               | 2014 <b>To</b> 08             | /13/2014             |                         |                |   |  |                          |  |  |
| Comments: The purpose of this amendment is to extend the POP end date to 8/13/14. No additional hours or funds are added to this Work Assignment. |                           |                               |                      |                         |                |   |  |                          |  |  |
| Superfund   |                           | 1                             |                      | Х                       | Non-Superfund  |   |  |                          |  |  |
|   | Note: To report addit     | EPA Form 190                  | 0-69A.               | y <del></del> -         |                |   |  |                          |  |  |
| SFO<br>(Max 2)  |                           |                               |                      |                         |                |   |  |                          |  |  |
|   | appropriation Budget Org/ | 2002 0000 10 0000 10          | am Element<br>Max 9) | Object Class<br>(Max 4) | Amount (De     | ollars) (Cents)                         | Site/Project<br>(Max 8)  | Cost Org/Code<br>(Max 7) |  |  |
| 1   |                           |                               |                      | f                       |                |   |  | I was all                |  |  |
| 2   |                           |                               |                      |                         |                |   |  |                          |  |  |
|   |                           |                               |                      |                         |                |   |  |                          |  |  |
| 3   |                           |                               |                      |                         |                |   |  |                          |  |  |
| -   |                           |                               |                      |                         |                |   |  |                          |  |  |
| 5   |                           | Authorized                    | Mork Assi            | gnment Ceilin           |                |   | <u> </u>   |                          |  |  |
| Contract Period:  | Cost/Fee:                 | Authorized                    | WOLK ASSI            | griment Cellin          | LOE:           |   |  |                          |  |  |
| 02/14/2009 To 08/13/20  |                           |                               |                      |                         | LOE.           |   |  |                          |  |  |
| This Action:  |                           |                               |                      |                         |                |   |  | * <del>-</del>           |  |  |
|   |                           |                               |                      |                         |                |   |  | -                        |  |  |
| Total:  |                           |                               |                      |                         |                |   |  |                          |  |  |
|   |                           | Work Plan                     | / Cost Esti          | mate Approva            | als            |   |  |                          |  |  |
| Contractor WP Dated:  | Cost/Fe                   | ee:                           |                      |                         | LOE:           |   |  |                          |  |  |
| Cumulative Approved:  | Cost/Fe                   | ee:                           |                      |                         | LOE:           |   |  |                          |  |  |
| Work Assignment Manager Name Ste  | phanie Thornton           | n                             |                      |                         | Brar           | nch/Mail Code:                          |  |                          |  |  |
|   | -                         |                               |                      |                         | Pho            | ne Number 202-                          | 564-0269   |                          |  |  |
| (Signature)   |                           |                               | (Date)               | )                       | FAX            | Number:                                 |  |                          |  |  |
| Project Officer Name Robin Dane   | esi                       |                               |                      |                         | Brar           | nch/Mail Code:                          |  |                          |  |  |
|   | Pho                       | ne Number: 202-               | 564-1846             |                         |                |   |  |                          |  |  |
| (Signature)   |                           |                               | (Date)               | )                       |                | Number:                                 |  |                          |  |  |
| Other Agency Official Name  |                           |                               |                      |                         |                | nch/Mail Code:                          |  |                          |  |  |
|   |                           |                               |                      |                         |                | ne Number:                              |  |                          |  |  |
| (Signature)   |                           |                               | (Date)               | )                       |                | Number:                                 |  |                          |  |  |
|   | A. Knecht                 |                               | ,                    |                         |                | Branch/Mail Code:                       |  |                          |  |  |
|   |                           |                               |                      |                         |                | ne Number: 513-                         | -487-2043  |                          |  |  |
| (Signature)   |                           |                               | (Date)               | 1                       |                | Number:                                 |  |                          |  |  |

| EDA  | United States E                          |                    | al Protection <i>i</i><br>n, DC 20460 | Agency                  |                | Work Assignment 5-12 | Number                  |                          |  |
|--|--|--------------------|---------------------------------------|-------------------------|----------------|----------------------|-------------------------|--------------------------|--|
| EPA  | Wo                                       | rk Assi            | ignment                               |                         | Ī              | Other                | X Amenda                | nent Number:             |  |
|  |  |                    | •                                     |                         |                | _                    | 00000                   | )1                       |  |
| Contract Number  | Contract Perio                           | d 02/14            | /2009 <b>To</b>                       | 08/13/2                 | 2014           | Title of Work Assig  | nment/SF Site Nar       | ne                       |  |
| EP-C-09-008  | Base                                     | Ор                 | tion Period Nu                        | mber 5                  |                | Consumer ma          | arketing                |                          |  |
| Contractor   |  |                    |                                       | y Section and pa        | ragraph of Con |                      |                         |                          |  |
| Purpose:   |  |                    | (-d. A)                               | 21 0-1                  |                | Period of Performa   | unaa                    |                          |  |
| vvork Assigni  |  | =                  | ork Assignment (                      |                         |                | renou of renormance  |                         |                          |  |
| Work Assignment Amendment Incremental Funding  Work Plan Approval From 02/14/2014 To |  |                    |                                       |                         |                |                      |                         |                          |  |
| Comments:  | • • 1 ,000. 50                           |                    |                                       |                         |                |                      |                         |                          |  |
| The purpose of this amen hours or funds are added                                    |  |                    | nd date to                            | 8/13/14 ar              | nd edit de     | eliverable date      | es. No additi           | onal.                    |  |
| Superfund  |  | Accounti           | ing and Appro                         | priations Data          | a              |                      | Х                       | Non-Superfund            |  |
| Superiorio   | Note: To report ad                       |                    |                                       | -                       |                | n-69A                | Λ                       | Non-Superiuna            |  |
| SFO<br>(Max 2)   |  |                    | g and appropri                        |                         |                |                      |                         |                          |  |
| DCN Budget/FY (Max 6) (Max 4)  | Appropriation Budget O Code (Max 6) (Max | rg/Code Pr<br>x 7) | rogram Element<br>(Max 9)             | Object Class<br>(Max 4) | Amount (Do     | ollars) (Cents)      | Site/Project<br>(Max 8) | Cost Org/Code<br>(Max 7) |  |
| 1  |  |                    |                                       |                         |                |                      |                         |                          |  |
| 2  |  |                    |                                       |                         |                |                      |                         |                          |  |
| 3  |  |                    |                                       |                         |                |                      |                         |                          |  |
| 4  |  |                    |                                       |                         |                |                      |                         |                          |  |
| 5  |  |                    |                                       |                         |                |                      |                         |                          |  |
|  |  | Authoriz           | zed Work Assi                         | gnment Ceilin           | ng             |                      |                         |                          |  |
| Contract Period: 02/14/2009 To 08/13/  | Cost/Fee:                                |                    |                                       |                         | LOE:           |                      |                         |                          |  |
| This Action:   | 2014                                     |                    |                                       |                         |                |                      |                         |                          |  |
|  |  |                    |                                       |                         |                |                      |                         | _                        |  |
| Total:   |  |                    |                                       |                         |                |                      |                         |                          |  |
|  |  | Work P             | lan / Cost Esti                       | mate Approva            | als            |                      |                         |                          |  |
| Contractor WP Dated:   | Cost                                     | /Fee:              |                                       |                         | LOE:           |                      |                         |                          |  |
| Cumulative Approved:   | Cost                                     | /Fee:              |                                       |                         | LOE:           |                      |                         |                          |  |
| Work Assignment Manager Name K   | aren Wirth                               |                    |                                       |                         | Bran           | nch/Mail Code:       |                         |                          |  |
|  |  |                    |                                       |                         | Pho            | ne Number 202        | -564-5246               |                          |  |
| (Signatu   | re)                                      |                    | (Date                                 | )                       | — FAX          | Number:              |                         |                          |  |
| Project Officer Name Robin Da  | inesi                                    |                    |                                       |                         | Brar           | nch/Mail Code:       |                         |                          |  |
|  | Pho                                      | ne Number: 202     | -564-1846                             |                         |                |                      |                         |                          |  |
| (Signatu   | re)                                      |                    | (Date                                 | )                       |                | Number:              |                         |                          |  |
| Other Agency Official Name   |  |                    |                                       |                         | Brar           | nch/Mail Code:       |                         |                          |  |
|  | Pho                                      | ne Number:         |                                       |                         |                |                      |                         |                          |  |
| (Signatu   | re)                                      |                    | (Date                                 | )                       | FAX            | Number:              |                         |                          |  |
| Contracting Official Name Rober  | Bran                                     | Branch/Mail Code:  |                                       |                         |                |                      |                         |                          |  |
|  |  |                    |                                       |                         | Pho            | ne Number: 513       | 3-487-2043              |                          |  |
| (Signatu   | re)                                      |                    | (Date                                 | )                       | — FAX          | Number:              |                         |                          |  |

|                                    | United States Environm        | ental Protection A   | Agency                |               | Work Assignment N         | umber            |               |  |  |  |  |
|------------------------------------|-------------------------------|--|-----------------------|---------------|---------------------------|------------------|---------------|--|--|--|--|
| EDA                                |                               | gton, DC 20460   | (geney                |               | 5-12                      |                  |               |  |  |  |  |
| EPA                                | Work As                       | ssignment  |                       |               | Other                     | Amendn           | nent Number:  |  |  |  |  |
|                                    |                               | _  |                       |               |                           |                  |               |  |  |  |  |
| Contract Number                    | Contract Period 02/           | 14/2009 <b>To</b>  | 06/15/2               | 2014          | Title of Work Assign      | ment/SF Site Nan | ne            |  |  |  |  |
| EP-C-09-008                        | Base                          | Option Period Nur  | mber 5                |               | WaterSense                | Consumer M       | arketing      |  |  |  |  |
| Contractor                         | T.170                         |  | Section and par       | agraph of Con | tract SOW                 |                  |               |  |  |  |  |
| EASTERN RESEARCH GROUP, Purpose:   | , INC.                        | 3.3<br>Work Assignment C   |                       |               | Period of Performan       | or Not           |               |  |  |  |  |
| Work Assignment                    |                               |  | Period of Performance |               |                           |                  |               |  |  |  |  |
| Work Assignment A                  |                               | Incremental Funding  | g                     |               | From 02/14/               | 2014 To 06       | /15/2014      |  |  |  |  |
| Work Plan Approva                  | l                             |  |                       |               | FIGHT 02/14/              | 2014 10 00       | /13/2014      |  |  |  |  |
| Work Assignment 5-12 is appr       | oved. No costs are t          | o be incurred  | until 2/14            | /2014 (th     | e start of the            | new Period o     | f             |  |  |  |  |
| Performance).                      |                               |  |                       |               |                           |                  |               |  |  |  |  |
|                                    |                               |  |                       |               |                           |                  |               |  |  |  |  |
| Superfund                          | Acco                          | Topic City   |                       | Х             | Non-Superfund             |                  |               |  |  |  |  |
| SFO SFO                            | Note: To report additional ac | EPA Form 1900  | D-69A.                |               |                           |                  |               |  |  |  |  |
| (Max 2)                            |                               |  |                       |               |                           |                  |               |  |  |  |  |
| <sub>დ</sub> DCN Budget/FY App     | ropriation Budget Org/Code    | Program Element  | Object Class          | Amount (Do    | ollars) (Cents)           | Site/Project     | Cost Org/Code |  |  |  |  |
| (Max 6) (Max 4) Cod                | e (Max 6) (Max 7)             | (Max 9)  | (Max 4)               |               |                           | (Max 8)          | (Max 7)       |  |  |  |  |
| 1                                  |                               |  |                       |               |                           |                  |               |  |  |  |  |
| 2                                  |                               |  |                       |               |                           |                  |               |  |  |  |  |
| 3                                  |                               |  |                       |               |                           |                  |               |  |  |  |  |
| 4                                  |                               |  |                       |               |                           |                  |               |  |  |  |  |
| 5                                  | A.,44                         | anizad Wark Assis  | anmont Coilin         |               |                           |                  |               |  |  |  |  |
| Contract Period:                   | Cost/Fee:                     | norized Work Assiç   | griment Ceilin        | UDE:          | 0                         |                  |               |  |  |  |  |
| 02/14/2009 To 06/15/201            |                               |  |                       | LOL.          |                           |                  |               |  |  |  |  |
| This Action:                       |                               |  |                       |               | 2,210                     |                  | :=            |  |  |  |  |
| <u> </u>                           |                               |  |                       |               | 0.010                     |                  | -             |  |  |  |  |
| Total:                             |                               |  |                       |               | 2,210                     |                  |               |  |  |  |  |
| Contractor WP Dated:               | Cost/Fee:                     | rk Plan / Cost Esti  | mate Approva          | LOE:          |                           |                  |               |  |  |  |  |
|                                    | Cost/Fee:                     |  |                       | LOE:          |                           |                  |               |  |  |  |  |
| Cumulative Approved:               |                               |  |                       |               |                           |                  |               |  |  |  |  |
| Work Assignment Manager Name Kare. | n Wirth                       |  |                       |               | ich/Mail Code:            | 564-5246         |               |  |  |  |  |
| (Signature)                        |                               | (Date)   | 1                     | 200 0.000000  | ne Number 202-<br>Number: | 504-5246         |               |  |  |  |  |
| Project Officer Name Robin Danes   | i                             |  | ich/Mail Code:        |               |                           |                  |               |  |  |  |  |
|                                    |                               |  | ne Number: 202-       | 564-1846      |                           |                  |               |  |  |  |  |
| (Signature)                        |                               | (Date)   | )                     |               | Number:                   |                  |               |  |  |  |  |
| Other Agency Official Name         |                               | ich/Mail Code:   |                       |               |                           |                  |               |  |  |  |  |
|                                    | Pho                           | Phone Number:  |                       |               |                           |                  |               |  |  |  |  |
| (Signature)                        |                               | FAX  | Number:               |               |                           |                  |               |  |  |  |  |
| Contracting Official Name Robert A | . Knecht                      |  |                       |               | Branch/Mail Code:         |                  |               |  |  |  |  |
|                                    |                               | je, s  |                       | Phoi          | ne Number: 513            | -487-2043        |               |  |  |  |  |
| 10                                 |                               | The second secon |                       | - A 1.7       | N Is see In a see         |                  |               |  |  |  |  |

|  | United States Environm                            | nental Protection A        | Agency                  |                    | Work Assignment N          | lumber                  |                          |  |  |  |
|--|---|----------------------------|-------------------------|--------------------|----------------------------|-------------------------|--------------------------|--|--|--|
| EPA  |   | gton, DC 20460             | <b>3,</b>               | 1                  | 5-13                       |                         |                          |  |  |  |
| LIA  | Work A  | ssignment                  |                         |                    | Other                      | Amenda                  | nent Number:             |  |  |  |
|  |   |                            |                         |                    |                            |                         |                          |  |  |  |
| Contract Number  | Contract Period 02                                | /14/2009 <b>To</b>         | 06/15/2                 | 2014               | Title of Work Assign       | nment/SF Site Nar       | ne                       |  |  |  |
| EP-C-09-008  | Base  | Option Period Nur          |                         |                    | Outdoor and New Homes      |                         |                          |  |  |  |
| Contractor  EASTERN RESEARCH GROUP                         | , INC.  | Specify 3.3                | Section and par         | ragraph of Con     | tract SOW                  |                         |                          |  |  |  |
| Purpose: X Work Assignment                                 | Г   | Work Assignment C          | Close-Out               |                    | Period of Performa         | nce                     |                          |  |  |  |
| Work Assignment  | Amendment   |                            |                         |                    |                            |                         |                          |  |  |  |
| Work Plan Approva  | ·   |                            | From 02/15/             | ′2014 <b>To</b> 06 | /15/2014                   |                         |                          |  |  |  |
| Comments:  |   |                            | 20                      | Sec                |                            |                         |                          |  |  |  |
| Work Assignment 5-13 is appr<br>Performance).              | coved be no costs are                             | to be incurred             | d until 2/1             | .4/2014 (t         | he start of th             | e new Period            | of                       |  |  |  |
| and and and an extension of                                |   |                            |                         |                    |                            |                         |                          |  |  |  |
| Superfund Accounting and Appropriations Data X Non-Superfu |   |                            |                         |                    |                            |                         |                          |  |  |  |
| Superfund  |   |                            | 2004                    | Χ                  | Non-Superfund              |                         |                          |  |  |  |
| SFO<br>(Max 2)   | Note: To report additional ad                     | ccounting and appropri     | ations date use t       | EPA Form 1900      | J-69A.                     |                         |                          |  |  |  |
| (Max 2)  |   |                            |                         |                    |                            |                         |                          |  |  |  |
|  | propriation Budget Org/Code<br>de (Max 6) (Max 7) | Program Element<br>(Max 9) | Object Class<br>(Max 4) | Amount (Do         | ollars) (Cents)            | Site/Project<br>(Max 8) | Cost Org/Code<br>(Max 7) |  |  |  |
| 1  |   |                            |                         |                    |                            |                         |                          |  |  |  |
| 2  |   |                            |                         |                    |                            |                         |                          |  |  |  |
| 3  |   |                            |                         |                    |                            |                         |                          |  |  |  |
| 4  |   |                            |                         |                    |                            |                         |                          |  |  |  |
| 5  |   |                            |                         |                    |                            |                         |                          |  |  |  |
|  |   | horized Work Assiç         | gnment Ceilin           |                    | 4.01                       |                         |                          |  |  |  |
| Contract Period: 02/14/2009 To 06/15/201                   | Cost/Fee:<br>1 4                                  |                            |                         | LOE:               | 0                          |                         |                          |  |  |  |
| This Action:   |   |                            |                         |                    | 2,400                      |                         | :-                       |  |  |  |
|  |   |                            |                         |                    | ,                          |                         | _                        |  |  |  |
| Total:   |   |                            |                         |                    | 2,400                      |                         |                          |  |  |  |
|  | Wo  | ork Plan / Cost Esti       | mate Approva            | als                |                            |                         |                          |  |  |  |
| Contractor WP Dated:                                       | Cost/Fee:   |                            |                         | LOE:               |                            |                         |                          |  |  |  |
| Cumulative Approved:                                       | Cost/Fee:   |                            |                         | LOE:               |                            |                         |                          |  |  |  |
| Work Assignment Manager Name Kare                          | n Fligger   |                            |                         | Bran               | ch/Mail Code:              |                         |                          |  |  |  |
|  |   |                            |                         | Phor               | ne Number 202-             | -564-2992               |                          |  |  |  |
| (Signature)  |   | (Date)                     | )                       | FAX                | Number:                    |                         |                          |  |  |  |
| Project Officer Name Robin Danes                           | 3i  | Bran                       | ch/Mail Code:           |                    |                            |                         |                          |  |  |  |
|  |   | Phor                       | ne Number: 202-         | -564-1846          |                            |                         |                          |  |  |  |
| (Signature)  |   | (Date)                     | )                       | FAX                | Number:                    |                         |                          |  |  |  |
| Other Agency Official Name                                 | Bran  | ch/Mail Code:              |                         |                    |                            |                         |                          |  |  |  |
|  | Phone Number:                                     |                            |                         |                    |                            |                         |                          |  |  |  |
| (Signature)  | 7 Knoch+  |                            | Number:                 |                    |                            |                         |                          |  |  |  |
| Contracting Official Name Robert A                         | A. Knecht   |                            |                         | 0                  | ch/Mail Code:              |                         |                          |  |  |  |
|  |   | - I                        |                         | Phor               | Phone Number: 513-487-2043 |                         |                          |  |  |  |

|  | United States Environm        | ental Protection    | Δαency         |                | Work Assignment No    | umber            |               |  |  |  |
|--|-------------------------------|---------------------|----------------|----------------|-----------------------|------------------|---------------|--|--|--|
| EDA  |                               | gton, DC 20460      | igonoy         |                | 5-13                  |                  |               |  |  |  |
| EPA  | Work As                       | ssignment           |                |                | Other                 | X Amendm         | ent Number:   |  |  |  |
|  |                               | J                   |                |                | <del>_</del>          | 00000            | 1             |  |  |  |
| Contract Number  | Contract Period 02/           | ′14/2009 <b>To</b>  | 08/13/2        | 2014           | Title of Work Assign  | nent/SF Site Nam | <br>ie        |  |  |  |
| EP-C-09-008  | Base                          | Option Period Nur   |                |                | New Homes and Outdoor |                  |               |  |  |  |
| Contractor   |                               | · ·                 | Section and pa | ragraph of Cor |                       |                  |               |  |  |  |
| EASTERN RESEARCH GROUP,                                      | INC.                          |                     |                |                |                       |                  |               |  |  |  |
| Purpose: Work Assignment                                     |                               | Work Assignment C   | Close-Out      |                | Period of Performan   | ce               |               |  |  |  |
| X Work Assignment Ame  | endment                       | Incremental Fundin  | g              |                |                       |                  |               |  |  |  |
| Work Plan Approval   | 2014 <b>To</b> 08             | /13/2014            |                |                |                       |                  |               |  |  |  |
| Comments:  |                               |                     | w a            |                | •                     |                  |               |  |  |  |
| The purpose of this amendment this Work Assignment.          | is to extend the PO           | P end date to       | 8/13/14.       | No additi      | ional hours or f      | unds are add     | ed to         |  |  |  |
|  |                               |                     |                |                |                       |                  |               |  |  |  |
| Superfund Accounting and Appropriations Data X Non-Superfund |                               |                     |                |                |                       |                  |               |  |  |  |
| Superfund  | 3                             |                     | Χ              | Non-Superfund  |                       |                  |               |  |  |  |
| SFO SFO  | Note: To report additional ac | EPA Form 190        | 0-69A.         |                |                       |                  |               |  |  |  |
| (Max 2)  |                               |                     |                |                |                       |                  |               |  |  |  |
| <sub>⊉</sub> DCN Budget/FY Approp                            |                               | Program Element     | Object Class   | Amount (Do     | ollars) (Cents)       | Site/Project     | Cost Org/Code |  |  |  |
| (Max 6) (Max 4) Code (                                       | Max 6) (Max 7)                | (Max 9)             | (Max 4)        |                |                       | (Max 8)          | (Max 7)       |  |  |  |
| 1  |                               |                     |                |                |                       |                  |               |  |  |  |
| 2  |                               |                     |                |                |                       |                  |               |  |  |  |
| 3  |                               |                     |                |                | •                     |                  |               |  |  |  |
| 4  |                               |                     |                |                |                       |                  |               |  |  |  |
| 5  |                               |                     |                |                |                       |                  |               |  |  |  |
|  | Aut                           | horized Work Assi   | gnment Ceilin  | ng             |                       |                  |               |  |  |  |
| Contract Period: 02/14/2009 To 08/13/2014                    | Cost/Fee:                     |                     |                | LOE:           |                       |                  |               |  |  |  |
| This Action:   |                               |                     |                |                |                       |                  | <b>:</b> ■    |  |  |  |
|  |                               |                     |                |                |                       |                  | _             |  |  |  |
| Total:   |                               |                     |                |                |                       |                  |               |  |  |  |
|  | Wo                            | rk Plan / Cost Esti | mate Approva   | als            |                       |                  |               |  |  |  |
| Contractor WP Dated:   | Cost/Fee:                     |                     |                | LQE:           |                       |                  |               |  |  |  |
| Cumulative Approved:   | Cost/Fee:                     |                     |                | LQE:           | :                     |                  |               |  |  |  |
| Work Assignment Manager Name Karen                           | Fligger                       |                     |                | Brar           | nch/Mail Code:        |                  |               |  |  |  |
|  | 3 3                           |                     |                |                |                       | 564-2992         |               |  |  |  |
| (Signature)  |                               | (Date               | )              | 209 3385508    | Number:               |                  |               |  |  |  |
| Project Officer Name Robin Danesi                            |                               | Victoria            |                | Brar           | nch/Mail Code:        |                  |               |  |  |  |
|  | Pho                           | ne Number: 202-     | 564-1846       |                |                       |                  |               |  |  |  |
| (Signature)  |                               | (Date               | )              |                | Number:               |                  |               |  |  |  |
| Other Agency Official Name                                   |                               |                     |                | Brar           | nch/Mail Code:        |                  |               |  |  |  |
|  |                               |                     |                | Pho            | ne Number:            |                  |               |  |  |  |
| (Signature)  |                               | (Date               | )              | FAX            | Number:               |                  |               |  |  |  |
| Contracting Official Name Robert A.                          | Knecht                        |                     |                | Brar           | nch/Mail Code:        |                  |               |  |  |  |
|  |                               |                     |                | Pho            | ne Number: 513-       | -487-2043        |               |  |  |  |
| (Signature)  |                               | (Date               | )              | — FAX          | Number:               |                  |               |  |  |  |

| _   |  | _                    | Unite                         | d States Environm<br>Washin | ental Protection /<br>gton, DC 20460 | Agency                  |                | Work Assign                                   | ıment Nı       | umber                   |                          |  |  |  |
|---|--|----------------------|-------------------------------|-----------------------------|--------------------------------------|-------------------------|----------------|---|----------------|-------------------------|--------------------------|--|--|--|
| ı   | EP   | A                    |                               |                             | ssignment                            |                         | •              |   | Other          | Amendm                  | nent Number:             |  |  |  |
|   |  |                      |                               |                             |                                      |                         |                |   |                |                         |                          |  |  |  |
| Contract Num                                  | nber   |                      | Co                            | ntract Period 02/           | 14/2009 To                           | 06/15/                  | 2014           | Title of Work                                 | Assignr        | ment/SF Site Nam        | ne                       |  |  |  |
| EP-C-09-                                      | -008   |                      | Ва                            | se                          | Option Period Nur                    | mber 5                  |                | Program Implementation                        |                |                         |                          |  |  |  |
| Contractor                                    |  |                      | <u> </u>                      |                             |                                      | y Section and pa        | ragraph of Cor |   |                |                         |                          |  |  |  |
| EASTERN                                       | RES  | EARCH G              | ROUP, INC.                    |                             | 3.2                                  |                         |                |   |                |                         |                          |  |  |  |
| Purpose:                                      | Purpose: X Work Assignment Work Assignment Close-Out |                      |                               |                             |                                      |                         |                |   |                | Period of Performance   |                          |  |  |  |
|   | Work Assig   | nment Amendmen       |                               |                             |                                      |                         |                |   |                |                         |                          |  |  |  |
|   | Work Plan  |                      |                               | From 02                     | 2/14/2                               | 2014 To 06              | /15/2014       |   |                |                         |                          |  |  |  |
| Comments:                                     |  | . 5 04 1             | , ,                           |                             |                                      |                         | /              | ,   | 5              | - 1 1                   | _                        |  |  |  |
|   |  | nt 5-01 is           | approved bu                   | it no costs are             | to be incured                        | d until 2/1             | 14/2014 (t     | the start                                     | of the         | new Peiod o             | Í                        |  |  |  |
| Performance).                                 |  |                      |                               |                             |                                      |                         |                |   |                |                         |                          |  |  |  |
|   |  |                      |                               |                             |                                      |                         |                |   |                |                         |                          |  |  |  |
| Superfund Accounting and Appropriations Data  |  |                      |                               |                             |                                      |                         |                |   |                | X                       | Non-Superfund            |  |  |  |
| SFO   |  |                      |                               |                             |                                      |                         |                |   |                |                         |                          |  |  |  |
| (Max 2)                                       |  |                      |                               |                             |                                      |                         |                |   |                |                         |                          |  |  |  |
| e DCN   |  | Budget/FY<br>(Max 4) | Appropriation<br>Code (Max 6) | Budget Org/Code<br>(Max 7)  | Program Element<br>(Max 9)           | Object Class<br>(Max 4) | Amount (Do     | ollars)                                       | (Cents)        | Site/Project<br>(Max 8) | Cost Org/Code<br>(Max 7) |  |  |  |
| 1   |  |                      |                               |                             |                                      |                         |                |   |                |                         |                          |  |  |  |
| 2   |  |                      |                               |                             |                                      |                         |                |   |                |                         |                          |  |  |  |
| 3   |  |                      |                               |                             |                                      |                         |                |   |                |                         |                          |  |  |  |
| 4   |  |                      |                               |                             |                                      |                         |                |   |                |                         | -                        |  |  |  |
| 5   | _  |                      |                               |                             |                                      |                         |                |   |                |                         |                          |  |  |  |
| ٠ <u> </u>                                    |  |                      |                               | _IAut                       | norized Work Assi                    | I<br>anment Ceilir      | l<br>I         |   |                |                         | <u> </u>                 |  |  |  |
| Contract Perio                                | od:  |                      | Cost/Fee                      |                             |                                      | go                      | LOE:           | 0   |                |                         |                          |  |  |  |
| 02/14/2                                       | 009  | To 06/15             |                               | •                           |                                      |                         | LOL.           | · ·   |                |                         |                          |  |  |  |
| This Action:                                  |  |                      |                               |                             |                                      |                         |                | 3,548   |                |                         | -                        |  |  |  |
|   |  |                      |                               |                             |                                      |                         |                |   |                |                         | _                        |  |  |  |
| Total:  |  |                      |                               |                             |                                      |                         |                | 3,548   |                |                         |                          |  |  |  |
|   |  |                      |                               | Wo                          | rk Plan / Cost Esti                  | mate Approva            | als            |   |                |                         |                          |  |  |  |
| Contractor WP                                 | Dated  |                      |                               | Cost/Fee:                   |                                      |                         | LOE:           |   |                |                         |                          |  |  |  |
| Cumulative Ap                                 | proved   | :                    |                               | Cost/Fee:                   |                                      |                         | LOE:           |   |                |                         |                          |  |  |  |
| Work Assignme                                 | ent Mar  | nager Name           | Tara OHare                    | 2                           |                                      |                         | Bran           | nch/Mail Cod                                  | e.             |                         |                          |  |  |  |
| , rom rooigimi                                |  | ager rame            | 1414 01141                    |                             |                                      |                         |                | ne Number                                     |                | 564-8836                |                          |  |  |  |
| _   |  | (Signa               | ture)                         |                             | (Date                                | )                       |                | Number:                                       |                |                         |                          |  |  |  |
| Project Officer                               | Name   | Robin D              |                               |                             | (Bato)                               | /                       |                | nch/Mail Cod                                  | 0:             |                         |                          |  |  |  |
|   |  |                      |                               |                             |                                      |                         |                |   |                | 564-1846                |                          |  |  |  |
| (Signature)                                   |  |                      |                               |                             |                                      |                         |                | Number:                                       | 202 .          | 204 1040                |                          |  |  |  |
| (Signature) (Date) Other Agency Official Name |  |                      |                               |                             |                                      |                         |                |   | ٥:             |                         |                          |  |  |  |
| Oner Agency Official Name                     |  |                      |                               |                             |                                      |                         |                | nch/Mail Cod                                  | <del>с</del> . |                         |                          |  |  |  |
|   |  |                      |                               |                             |                                      |                         |                | ne Number:                                    |                |                         |                          |  |  |  |
| Contracting Of                                | fficial N  | (Signa<br>ame Robe   | ert A. Kne                    | cht                         | (Date                                | /                       |                | FAX Number:                                   |                |                         |                          |  |  |  |
| . coacang Oi                                  |  |                      | 0 11. 11110                   | J.1 U                       |                                      |                         |                | Branch/Mail Code:  Phone Number: 513-487-2043 |                |                         |                          |  |  |  |
| _   |  |                      |                               |                             |                                      |                         |                |   | 513-           | -48/-2043               |                          |  |  |  |
|   |  | (Signa               | ture)                         |                             | (Date                                | )                       | I FAX          | Number:                                       |                |                         |                          |  |  |  |

| ED A   | United States                         |                | ental Protection A<br>ton, DC 20460 | Agency            |                         | Work Assig                    | nment Nu  | umber            |              |  |  |
|--|---------------------------------------|----------------|-------------------------------------|-------------------|-------------------------|-------------------------------|-----------|------------------|--------------|--|--|
| EPA  | W                                     | ork As         | signment                            |                   |                         |                               | Other     | X Amendr         | ment Number: |  |  |
|  |                                       |                |                                     |                   |                         |                               |           | 00000            | )1           |  |  |
| Contract Number  | Contract Peri                         | iod 02/1       | 14/2009 То                          | 08/13/2           | 2014                    | Title of Wor                  | k Assignr | ment/SF Site Nar | ne           |  |  |
| EP-C-09-008  | Base                                  |                | Option Period Nur                   |                   |                         | Consume                       | er mar    | keting           |              |  |  |
| Contractor   | ID INC                                |                | Specify                             | / Section and par | ragraph of Con          | tract SOW                     |           |                  |              |  |  |
| EASTERN RESEARCH GROUPUrpose:                                      |                                       |                | <u> </u>                            |                   |                         | Period of Performance         |           |                  |              |  |  |
| Work Assignine   |                                       | ⊢              | Work Assignment C                   |                   |                         | Period of F                   | errormano | ce               |              |  |  |
| X Work Assignme  | ent Amendment                         | Ш              | Incremental Funding                 | 9                 |                         | From 02/14/2014 To 08/13/2014 |           |                  |              |  |  |
| Work Plan Appr   | oval                                  |                |                                     |                   |                         | From ();                      | 2/14/2    | 2014 To 08       | 3/13/2014    |  |  |
| Comments: The purpose of this amendment hours or funds are added t |                                       |                | end date to                         | 8/13/14 an        | d edit de               | eliverable                    | e dates   | . No additi      | ional        |  |  |
| Superfund  | I                                     |                |                                     | X                 | Non-Superfund           |                               |           |                  |              |  |  |
|  | Note: To report a                     | additional acc | counting and appropri               | ations date use I | EPA Form 1900           | D-69A.                        |           |                  |              |  |  |
| SFO<br>( <i>Max 2</i> )  | · · · · · · · · · · · · · · · · · · · |                |                                     |                   |                         |                               |           |                  |              |  |  |
| -  | Appropriation Budget (Code (Max 6) (N | Amount (Do     | ollars)                             | (Cents)           | Site/Project<br>(Max 8) | Cost Org/Code<br>(Max 7)      |           |                  |              |  |  |
| 1  |                                       |                |                                     |                   |                         |                               |           |                  |              |  |  |
| 2  |                                       |                |                                     |                   |                         |                               |           |                  |              |  |  |
| 3  |                                       |                |                                     |                   |                         |                               |           |                  |              |  |  |
| 4  |                                       |                |                                     |                   |                         |                               |           |                  |              |  |  |
| 5  |                                       |                |                                     |                   |                         |                               |           |                  |              |  |  |
|  |                                       | Auth           | orized Work Assiç                   | gnment Ceilin     | g                       |                               |           |                  |              |  |  |
| Contract Period:   | Cost/Fee:                             |                |                                     |                   | LOE:                    |                               |           |                  |              |  |  |
| 02/14/2009 To 08/13/2<br>This Action:                              | 014                                   |                |                                     |                   |                         |                               |           |                  | -            |  |  |
| THIS ACTION.   |                                       |                |                                     |                   |                         |                               |           |                  |              |  |  |
| Total:   |                                       |                |                                     |                   |                         |                               |           |                  | -            |  |  |
| Total.   |                                       | Worl           | k Plan / Cost Esti                  | mate Approva      | ıls                     |                               |           |                  |              |  |  |
| Contractor WP Dated:   | Cos                                   | st/Fee:        |                                     |                   | LOE:                    |                               |           |                  |              |  |  |
| Cumulative Approved:   | Co                                    | st/Fee:        |                                     |                   | LOE:                    |                               |           |                  |              |  |  |
| Work Assignment Manager Name Ka                                    | ren Wirth                             |                |                                     |                   | Bran                    | ich/Mail Cod                  | de:       |                  |              |  |  |
|  |                                       |                |                                     |                   | Phor                    | ne Number                     | 202-      | 564-5246         |              |  |  |
| (Signature)  |                                       |                | (Date)                              | )                 | — FAX                   | Number:                       |           |                  |              |  |  |
| Project Officer Name Robin Danesi                                  |                                       |                |                                     |                   |                         |                               | de:       |                  |              |  |  |
|  |                                       |                |                                     |                   | Phor                    | ne Number:                    | 202-      | 564-1846         |              |  |  |
| (Signature)  |                                       |                | (Date)                              | )                 | FAX                     | Number:                       |           |                  |              |  |  |
| Other Agency Official Name   |                                       |                |                                     |                   |                         | ich/Mail Co                   | de:       |                  |              |  |  |
|  |                                       |                |                                     |                   |                         | Phone Number:                 |           |                  |              |  |  |
|  |                                       |                |                                     |                   |                         | FAX Number:                   |           |                  |              |  |  |
| Contracting Official Name Robert                                   | A. Knecht                             |                |                                     |                   |                         | Branch/Mail Code:             |           |                  |              |  |  |
|  |                                       |                |                                     |                   | Phor                    | ne Number:                    | 513-      | 487-2043         |              |  |  |
| (0):()   |                                       |                |                                     |                   | — I глу                 | Mirrobon                      |           |                  |              |  |  |

|   | United States Er                  |                 | ental Protection A<br>ton, DC 20460 | Agency           |                | Work Assignment N 5-12 | umber            |               |  |  |
|---|-----------------------------------|-----------------|-------------------------------------|------------------|----------------|------------------------|------------------|---------------|--|--|
| EPA   |                                   |                 |                                     |                  |                |                        |                  |               |  |  |
|   | Wo                                | rk As           | signment                            |                  |                | Other                  | Amendm           | nent Number:  |  |  |
| Contract Number   | Contract Period                   | 02/1            | 14/2009 To                          | 06/15/2          | 2014           | Title of Work Assign   | ment/SF Site Nam | <u></u><br>ne |  |  |
| EP-C-09-008   | Base                              |                 | Option Period Nur                   | mber 5           |                | WaterSense (           |                  |               |  |  |
| Contractor  |                                   |                 |                                     | / Section and pa | ragraph of Cor |                        |                  |               |  |  |
| EASTERN RESEARCH GROUP  | , INC.                            |                 | 3.3                                 |                  |                | _                      |                  |               |  |  |
| Purpose: X Work Assignment  |                                   |                 | Work Assignment C                   | Close-Out        |                | Period of Performan    | ce               |               |  |  |
| Work Assignment   | Amendment                         |                 | Incremental Funding                 | g                |                |                        |                  |               |  |  |
| Work Plan Approv  | al                                |                 | From 02/14/                         | 2014 To 06       | /15/2014       |                        |                  |               |  |  |
| Comments: Work Assignment 5-12 is approved. No costs are to be incurred until 2/14/2014 (the start of the new Period of Performance). |                                   |                 |                                     |                  |                |                        |                  |               |  |  |
| Superfund Accounting and Appropriations Data X Non-Superfun   |                                   |                 |                                     |                  |                |                        |                  |               |  |  |
| Superfund   |                                   |                 |                                     | X                | Non-Superfund  |                        |                  |               |  |  |
| SFO (14)  | Note: To report add               | EPA Form 190    | 0-69A.                              |                  |                |                        |                  |               |  |  |
|   |                                   |                 |                                     |                  |                |                        |                  |               |  |  |
| 1   |                                   |                 |                                     |                  |                |                        |                  |               |  |  |
| 2   |                                   |                 |                                     |                  |                | +                      |                  |               |  |  |
| 3   |                                   |                 |                                     |                  |                | · · · · · ·            |                  |               |  |  |
| 4   |                                   |                 |                                     |                  |                |                        |                  |               |  |  |
| 5   |                                   |                 |                                     |                  |                | +                      |                  |               |  |  |
| <u> </u>  | l .                               | Autho           | orized Work Assi                    | gnment Ceilin    | ıg             |                        |                  |               |  |  |
| Contract Period:  | Cost/Fee:                         |                 |                                     |                  | LOE:           | 0                      |                  |               |  |  |
| 02/14/2009 To 06/15/20  | 14                                |                 |                                     |                  |                |                        |                  | -             |  |  |
| This Action:  |                                   |                 |                                     |                  |                | 2,210                  |                  |               |  |  |
| T-4-1   |                                   |                 |                                     |                  |                | 2,210                  |                  | _             |  |  |
| Total:  |                                   | Work            | k Plan / Cost Esti                  | mate Approva     | als            | •                      |                  |               |  |  |
| Contractor WP Dated:  | Cost/F                            |                 |                                     | •                | LOE:           |                        |                  |               |  |  |
| Cumulative Approved:  | Cost/l                            | ee:             |                                     |                  | LOE:           |                        |                  |               |  |  |
| Work Assignment Manager Name Kare   | en Wirth                          |                 |                                     |                  | Brar           | nch/Mail Code:         |                  |               |  |  |
|   |                                   |                 |                                     |                  |                | ne Number 202-         | 564-5246         |               |  |  |
| (Signature)   |                                   |                 | (Date)                              | )                |                | Number:                |                  |               |  |  |
| Project Officer Name Robin Danes  | Project Officer Name Robin Danesi |                 |                                     |                  |                |                        |                  |               |  |  |
|   | Pho                               | ne Number: 202- | 564-1846                            |                  |                |                        |                  |               |  |  |
| (Signature)   |                                   | Number:         |                                     |                  |                |                        |                  |               |  |  |
| Other Agency Official Name  |                                   |                 |                                     |                  |                | nch/Mail Code:         |                  |               |  |  |
|   | Pho                               | Phone Number:   |                                     |                  |                |                        |                  |               |  |  |
| (Signature)   | FAX                               | FAX Number:     |                                     |                  |                |                        |                  |               |  |  |
| Contracting Official Name Robert  | A. Knecht                         |                 | <u> </u>                            |                  | Brar           | Branch/Mail Code:      |                  |               |  |  |
|   |                                   |                 |                                     |                  | Pho            | ne Number: 513-        | -487-2043        |               |  |  |
| (0)   |                                   |                 |                                     |                  | — I FAV        | Museeleen              |                  |               |  |  |

|  |  |                       |           | П         | nited   | States Environ                                 | menta    | I Protection    | Agency           |              | Work Assig    | nment N       | umber           |               |
|--|--|-----------------------|-----------|-----------|---------|--|----------|-----------------|------------------|--------------|---------------|---------------|-----------------|---------------|
|  |  | <b>.</b> .            |           | J         | intou   |  |          | DC 20460        | rigerioy         |              | 5-13          |               |                 |               |
|  | EF   | Ά                     |           |           |         | Work A   | Assi     | gnment          |                  |              |               | Other         | Amend           | ment Number:  |
|  |  |                       |           |           |         |  | 100.     | 9               |                  |              |               |               | _               |               |
| Contract   | Number                                       |                       |           |           | Cont    | ract Period 02                                 | 2/14/    | ′2009 To        | 06/15/           | 2014         | Title of Wor  | k Assiani     | ment/SF Site Na | me            |
| EP-C-  | 09-00  | 8                     |           |           | Base    |  |          | ion Period Nu   |                  |              |               | •             | New Homes       |               |
| Contracto  | or   |                       |           |           | Dasc    | <u>,                                      </u> | Орг      |                 | y Section and pa | ragraph of C |               | Lana          | TVCW TIOTHER    |               |
| EASTI  | ERN RE                                       | SEA                   | RCH GI    | ROUP, II  | NC.     |  |          | 3.3             |                  |              |               |               |                 |               |
| Purpose: X Work Assignment Work Assignment Close-Out |  |                       |           |           |         |  |          |                 | Period of        | Performan    | ce            |               |                 |               |
| Work Assignment Amendment Incremental Funding        |  |                       |           |           |         |  |          |                 |                  |              |               |               |                 |               |
|  |  | $\overline{\sqcap}$ , | Work Plan | Approval  |         | _  |          |                 |                  |              | From ()       | 2/15/         | 2014 To 0       | 6/15/2014     |
| Commen   | ts:  | _                     |           |           |         |  |          |                 |                  |              |               |               |                 |               |
|  | Assignm<br>cmance)                           |                       | 5-13 is   | approved  | d be    | no costs are                                   | e to k   | e incurre       | d until 2/       | 14/2014      | (the start    | of the        | e new Period    | of            |
| ICIIOI   | -marice)                                     | •                     |           |           |         |  |          |                 |                  |              |               |               |                 |               |
|  |  |                       |           |           |         |  |          |                 |                  |              |               |               |                 |               |
|  | Superfund Accounting and Appropriations Data |                       |           |           |         |  |          | а               |                  |              | X             | Non-Superfund |                 |               |
| SFO  |  | 7                     |           |           | Note: T | o report additional                            | account  | ing and appropr | iations date use | EPA Form 1   | 900-69A.      |               |                 |               |
| (Max 2   |  |                       |           |           |         |  |          |                 |                  |              |               |               |                 |               |
| a)   | DCN  | Bu                    | ıdget/FY  | Appropria | tion    | Budget Org/Code                                | Pro      | ogram Element   | Object Class     | Amount (     | (Dollars)     | (Cents)       | Site/Project    | Cost Org/Code |
| Line   | Max 6)                                       |                       | Max 4)    | Code (Ma  |         | (Max 7)  |          | (Max 9)         | (Max 4)          |              | ( )           | (,            | (Max 8)         | (Max 7)       |
| 1  |  |                       |           |           |         |  |          |                 |                  |              |               |               |                 |               |
| 2  |  |                       |           |           |         |  |          |                 |                  |              |               |               |                 |               |
| 3  |  |                       |           |           |         |  |          |                 |                  |              |               |               |                 |               |
| 4  |  |                       |           |           |         |  |          |                 |                  |              |               |               |                 |               |
| 5  |  |                       |           |           |         |  |          |                 |                  |              |               |               |                 | 1             |
|  |  |                       |           |           |         | Αι   | uthorize | ed Work Assi    | ignment Ceilir   | ng           |               |               |                 |               |
| Contract   |  |                       | /         |           | t/Fee:  |  |          |                 |                  | LOE          | <b>:</b> : 0  |               |                 |               |
| This Action  |  | ) To                  | 06/15     | 5/2014    |         |  |          |                 |                  |              |               |               |                 | -             |
| THIS ACTO  | JII.   |                       |           |           |         |  |          |                 |                  |              | 2,400         |               |                 |               |
| T. (.)   |  |                       |           |           |         |  |          |                 |                  |              | 2,400         |               |                 | -             |
| Total:   |  |                       |           |           |         | W  | /ork Pla | an / Cost Esti  | imate Approva    | als          |               |               |                 |               |
| Contracto  | or WP Date                                   | ed:                   |           |           |         | Cost/Fee:                                      | VOINT I  | un 7 000t E0t   | тись прртот      | LO           | DE:           |               |                 |               |
| Cumulati   | ve Approve                                   | ed:                   |           |           |         | Cost/Fee:                                      |          |                 |                  | LC           | DE:           |               |                 |               |
|  |  |                       |           | Vanan E   | 1 4 040 |  |          |                 |                  | l p          |               | al a .        |                 |               |
| VVOIK ASS  | signment iv                                  | ianage                | r ivame . | Karen F   | 1199    | ler  |          |                 |                  |              | anch/Mail Co  |               | 564-2992        |               |
|  |  |                       | (Signat   | ture)     |         |  |          | (Date           | .1               |              | AX Number:    | 202           |                 |               |
| Project C  | Officer Nam                                  | e Ro                  | obin D    | •         |         |  |          | (Date           | ·)               |              | ranch/Mail Co | do:           |                 |               |
| ,  |  |                       |           |           |         |  |          |                 |                  |              |               |               | 564-1846        |               |
| (Signature) (Date)                                   |  |                       |           |           |         |  |          | AX Number:      | 202              | 304 1040     |               |               |                 |               |
| (Signature) (Date) Other Agency Official Name        |  |                       |           |           |         |  |          | anch/Mail Co    | de.              |              |               |               |                 |               |
|  |  |                       |           |           |         |  |          |                 |                  |              | none Number:  |               |                 |               |
|  |  |                       | (Signat   | ture)     |         |  |          | (Date           | e)               |              | AX Number:    | •             |                 |               |
| Contracti  | ing Official                                 | Name                  |           | ert A. F  | (necl   | ht   |          | 12410           | ,                |              | anch/Mail Co  | de:           |                 |               |
|  |  |                       |           |           |         |  |          |                 |                  |              | none Number:  |               | -487-2043       |               |
|  |  |                       | (Signat   | ture)     |         |  |          | (Date           | ·)               |              | AX Number:    |               |                 |               |

|  | United States Envir       | Work Assignment Number 5-01 |                  |              |                               |                                       |              |               |  |  |  |  |  |
|--|---------------------------|-----------------------------|------------------|--------------|-------------------------------|---------------------------------------|--------------|---------------|--|--|--|--|--|
| EPA  |                           | shington, DC 20460          |                  |              |                               |                                       |              |               |  |  |  |  |  |
|  | Work                      | Assignment                  |                  |              | Ш                             | Other                                 | X Amendn     | nent Number:  |  |  |  |  |  |
|  |                           |                             |                  |              | 00000                         | )1                                    |              |               |  |  |  |  |  |
| Contract Number   Contract Period 02/14/2009 To 08/13/2014     |                           |                             |                  |              |                               | Title of Work Assignment/SF Site Name |              |               |  |  |  |  |  |
| EP-C-09-008  | Base                      | Option Period Nur           | mber 5           |              | Program Support               |                                       |              |               |  |  |  |  |  |
| Contractor Specify Section and paragraph of Contract SOW       |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| EASTERN RESEARCH GROUP, INC.                                   |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| Purpose: Work Assignment Work Assignment Close-Out             |                           |                             |                  |              |                               | Period of Performance                 |              |               |  |  |  |  |  |
| X Work Assignment  | Amendment                 | Incremental Fundin          | ıg               |              |                               |                                       |              |               |  |  |  |  |  |
| Work Plan Approv   | ral                       |                             |                  |              | From 02/14/2014 To 08/13/2014 |                                       |              |               |  |  |  |  |  |
| Comments:  | nt is to extend the       | DOD and data to             | 0/12/11 2        | ad amond +   | - 2 0 1 0                     |                                       |              |               |  |  |  |  |  |
| The purpose of this amendme                                    | nt is to extend the       | e POP end date to           | 0/13/14 ai       | id amerid i  | .asks.                        |                                       |              |               |  |  |  |  |  |
|  |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| <b>П.</b>  |                           | Accounting and Appro        | nriations Data   | <u> </u>     |                               |                                       | 7,7          |               |  |  |  |  |  |
| Superfund  |                           |                             | -                |              |                               |                                       | X            | Non-Superfund |  |  |  |  |  |
| SFO  | Note: To report addition  | nal accounting and appropri | lations date use | EPA Form 190 | 0-69A.                        |                                       |              |               |  |  |  |  |  |
| (Max 2)  |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| ı -  | propriation Budget Org/Co |                             | Object Class     | Amount (Do   | ollars) (                     | Cents)                                | Site/Project | Cost Org/Code |  |  |  |  |  |
| 当 (Max 6) (Max 4) Co   | de (Max 6) (Max 7)        | (Max 9)                     | (Max 4)          |              |                               |                                       | (Max 8)      | (Max 7)       |  |  |  |  |  |
| 1  |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| 2  |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| 3  |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| 4  |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| 5  |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| Authorized Work Assignment Ceiling                             |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| Contract Period: Cost/Fee: LOE: 3,548 02/14/2009 To 08/13/2014 |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| This Action:   |                           |                             |                  |              |                               | 852                                   |              |               |  |  |  |  |  |
|  |                           |                             |                  |              |                               |                                       | _            |               |  |  |  |  |  |
| Total:   |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| Work Plan / Cost Estimate Approvals                            |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| Contractor WP Dated: Cost/Fee: L0                              |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| Cumulative Approved: Cost/Fee: LC                              |                           |                             |                  |              |                               |                                       |              |               |  |  |  |  |  |
| Work Assignment Manager Name Tara                              | a OHare                   |                             |                  | Brar         | Branch/Mail Code:             |                                       |              |               |  |  |  |  |  |
| <u> </u>   |                           |                             |                  |              |                               | Phone Number 202-564-8836             |              |               |  |  |  |  |  |
|  |                           |                             |                  |              |                               | AX Number:                            |              |               |  |  |  |  |  |
|  |                           |                             |                  |              | Branch/Mail Code:             |                                       |              |               |  |  |  |  |  |
|  |                           |                             |                  |              | hone Number: 202-564-1846     |                                       |              |               |  |  |  |  |  |
|  |                           |                             |                  |              |                               | AX Number:                            |              |               |  |  |  |  |  |
|  |                           |                             |                  |              |                               | Branch/Mail Code:                     |              |               |  |  |  |  |  |
|  |                           |                             |                  |              |                               | hone Number:                          |              |               |  |  |  |  |  |
|  |                           |                             |                  |              | AX Number:                    |                                       |              |               |  |  |  |  |  |
|  |                           |                             |                  |              | ranch/Mail Code:              |                                       |              |               |  |  |  |  |  |
| F  |                           |                             |                  |              | Phone Number: 513-487-2043    |                                       |              |               |  |  |  |  |  |
| (0)  |                           | EAV Number                  |                  |              |                               |                                       |              |               |  |  |  |  |  |

| EPA  |   | United States Environmental Protection Agency Washington, DC 20460  Work Assignment |                               |                         |              | Work Assignment Number 5-04                |                               |                         |                          |  |  |  |  |
|--|---|---|-------------------------------|-------------------------|--------------|--|-------------------------------|-------------------------|--------------------------|--|--|--|--|
|  |   |   |                               |                         |              | Other X Amendment Number:                  |                               |                         |                          |  |  |  |  |
|  |   | •   |                               |                         |              | 000001                                     |                               |                         |                          |  |  |  |  |
| Contract Number   Contract Period 02/14/2009 To 08/13/2014                             |   |   |                               |                         | 2014         | Title of Work Assignment/SF Site Name      |                               |                         |                          |  |  |  |  |
| EP-C-09-008 Base Option Period Number 5  |   |   |                               |                         |              | Web Support                                |                               |                         |                          |  |  |  |  |
| Contractor   |   |   |                               |                         |              |  |                               |                         |                          |  |  |  |  |
| EASTERN RESEARCH GROUP, INC.  Purpose: Work Assignment Close-Out Period of Performance |   |   |                               |                         |              |  |                               |                         |                          |  |  |  |  |
|  | ork Assignment  |   | Work Assignment C             |                         |              | renou of renormance                        |                               |                         |                          |  |  |  |  |
|  | Work Assignment Amendment Incremental Funding  Work Plan Approval |   |                               |                         |              |  | From 02/14/2014 To 08/13/2014 |                         |                          |  |  |  |  |
| Comments: The purpose of thi   | s amendment is  | s to extend the   | POP and date to               | 8/13/14 an              | nd add add   | Nitional                                   | hours                         |                         |                          |  |  |  |  |
| THE purpose of the   | .s ameriamerie ii   | o co cateria tric   | Tor cha date to               | 0/13/14 41              | ia ada ada   | ar cronar                                  | nours.                        |                         |                          |  |  |  |  |
|  |   |   |                               |                         |              |  |                               |                         |                          |  |  |  |  |
| Superfund  |   |   | Accounting and Appro          | priations Data          | <u> </u>     |  |                               | X                       | Non-Superfund            |  |  |  |  |
|  |   | Note: To report addition  | al accounting and appropri    | iations date use E      | EPA Form 190 | 0-69A.                                     |                               |                         | Tron Superiona           |  |  |  |  |
| SFO<br>(Max 2)   |   | ·   | 0 11 1                        |                         |              |  |                               |                         |                          |  |  |  |  |
| ည DCN Budg   | get/FY Appropria<br>ax 4) Code (Ma                                |   | de Program Element<br>(Max 9) | Object Class<br>(Max 4) | Amount (Do   | ollars)                                    | (Cents)                       | Site/Project<br>(Max 8) | Cost Org/Code<br>(Max 7) |  |  |  |  |
| 1  |   |   | , ,                           |                         |              |  |                               | ` ,                     | 1                        |  |  |  |  |
| 2  |   |   |                               |                         |              |  | •                             |                         |                          |  |  |  |  |
| 3  |   |   |                               |                         |              |  | -                             |                         |                          |  |  |  |  |
| 4  |   |   |                               |                         |              |  |                               |                         |                          |  |  |  |  |
| 5  |   |   |                               |                         |              |  | •                             |                         |                          |  |  |  |  |
| Authorized Work Assignment Ceiling   |   |   |                               |                         |              |  |                               |                         |                          |  |  |  |  |
| Contract Period: Cost/Fee: LOE   |   |   |                               |                         |              |  |                               |                         |                          |  |  |  |  |
| 02/14/2009 To 08/13/2014 This Action:  |   |   |                               |                         |              | 510  |                               |                         |                          |  |  |  |  |
|  |   |   |                               |                         |              | 310  |                               |                         |                          |  |  |  |  |
| Total:   |   |   |                               |                         |              | 860  |                               |                         |                          |  |  |  |  |
| Work Plan / Cost Estimate Approvals  |   |   |                               |                         |              |  |                               |                         |                          |  |  |  |  |
| Contractor WP Dated:   |   | Cost/Fee:   |                               |                         | LOE:         | OE:  |                               |                         |                          |  |  |  |  |
| Cumulative Approved: Cost/Fee: LC  |   |   |                               |                         | LOE:         | :  |                               |                         |                          |  |  |  |  |
| Work Assignment Manager N  | Name Robin D  | anesi   |                               |                         | Brar         | Branch/Mail Code:                          |                               |                         |                          |  |  |  |  |
|  |   |   |                               |                         | Pho          | Phone Number 202-564-1846                  |                               |                         |                          |  |  |  |  |
|  |   |   |                               |                         | — FAX        | -AX Number:                                |                               |                         |                          |  |  |  |  |
| Project Officer Name Robin Danesi Bi   |   |   |                               |                         | Brar         | Branch/Mail Code:                          |                               |                         |                          |  |  |  |  |
| Pl   |   |   |                               |                         | Pho          | hone Number: 202-564-1846                  |                               |                         |                          |  |  |  |  |
|  |   |   |                               |                         |              | Number:                                    |                               |                         |                          |  |  |  |  |
| Other Agency Official Name Br  |   |   |                               |                         |              | nch/Mail Co                                | de:                           |                         |                          |  |  |  |  |
|  |   |   |                               |                         |              | hone Number:                               |                               |                         |                          |  |  |  |  |
|  |   |   |                               |                         |              | AX Number:                                 |                               |                         |                          |  |  |  |  |
| <u> </u>   |   |   |                               |                         |              | ranch/Mail Code: hone Number: 513-487-2043 |                               |                         |                          |  |  |  |  |
| <del></del>  |   |   |                               |                         |              | EAX Number: 313-487-2043                   |                               |                         |                          |  |  |  |  |

|   |  | Ur              | United States Environmental Protection Agency<br>Washington, DC 20460 |                            |                         |                            | Work Assignment Number 5-05           |           |                         |         |                          |  |  |
|---|--|-----------------|---|----------------------------|-------------------------|----------------------------|---------------------------------------|-----------|-------------------------|---------|--------------------------|--|--|
| EPA   |  |                 | Work A  | Assignment                 |                         |                            |                                       | Other     | X Amen                  | dmer    | nt Number:               |  |  |
|   |  |                 | WOIK P  | assigninient               |                         |                            |                                       | 0 1.10.   | 0000                    |         |                          |  |  |
| Contract Number   Contract Period 02/14/2009 To 08/13/2014  |  |                 |   |                            |                         | 2014                       | Title of Worl                         | , A soign |                         |         |                          |  |  |
| ED G 00 000   |  |                 |   |                            |                         | 2014                       | Title of Work Assignment/SF Site Name |           |                         |         |                          |  |  |
| Dase Option renovation 5 Findance Support   |  |                 |   |                            |                         |                            |                                       |           |                         |         |                          |  |  |
|   | Contractor Specify Section and paragraph of Contract SOW  EASTERN RESEARCH GROUP, INC. |                 |   |                            |                         |                            |                                       |           |                         |         |                          |  |  |
| Purpose: Work Assignment Work Assignment Close-Out  |  |                 |   |                            |                         |                            | Period of F                           | erformano | ce                      |         |                          |  |  |
| X Work Assignment Amendment Incremental Funding   |  |                 |   |                            |                         |                            |                                       |           |                         |         |                          |  |  |
|   | =  | : Plan Approval |   |                            | 5                       |                            | From 02/14/2014 To 08/13/2014         |           |                         |         |                          |  |  |
| Comments:   |  | т ап дриоча     |   |                            |                         |                            |                                       |           |                         | _       | ·                        |  |  |
| The purpose of this amendment is to extend the POP end date to 8/13/14. No additional hours or funds are added to this Work Assignment. |  |                 |   |                            |                         |                            |                                       |           |                         |         |                          |  |  |
| □ □ Su  | perfund  |                 | Ac  | counting and Appro         | priations Data          | 1                          |                                       |           | Σ                       | X N     | Non-Superfund            |  |  |
|   |  |                 | Note: To report additional  | accounting and appropri    | ations date use         | EPA Form 190               | 0-69A.                                |           |                         | _       |                          |  |  |
| SFO<br>(Max 2)  |  |                 | ·   |                            |                         |                            |                                       |           |                         |         |                          |  |  |
| e DCN<br>(Max 6)  | Budget<br>(Max   |                 |   | Program Element<br>(Max 9) | Object Class<br>(Max 4) | Amount (Do                 | ollars)                               | (Cents)   | Site/Project<br>(Max 8) |         | Cost Org/Code<br>(Max 7) |  |  |
| 1   |  |                 |   |                            |                         |                            |                                       |           |                         | $\perp$ |                          |  |  |
| 2   |  |                 |   |                            |                         |                            |                                       |           |                         |         |                          |  |  |
| 3   |  |                 |   |                            |                         |                            |                                       |           |                         |         |                          |  |  |
| 4   |  |                 |   |                            |                         |                            |                                       |           |                         |         |                          |  |  |
| 5   |  |                 |   |                            |                         |                            |                                       |           |                         | $\perp$ |                          |  |  |
|   |  |                 | Αι  | uthorized Work Assi        | gnment Ceilin           | ıg                         |                                       |           |                         |         |                          |  |  |
| Contract Period: Cost/Fee: LOE:   |  |                 |   |                            |                         |                            |                                       |           |                         |         |                          |  |  |
| 02/14/2009 To 08/13/2014 This Action:   |  |                 |   |                            |                         |                            |                                       |           |                         |         |                          |  |  |
|   |  |                 |   |                            |                         |                            |                                       |           |                         |         |                          |  |  |
| Total:  |  |                 |   |                            |                         |                            |                                       |           |                         |         |                          |  |  |
| Work Plan / Cost Estimate Approvals   |  |                 |   |                            |                         |                            |                                       |           |                         |         |                          |  |  |
| Contractor WP Dated: Cost/Fee: L0   |  |                 |   |                            |                         |                            |                                       |           |                         |         |                          |  |  |
| Cumulative Approved: Cost/Fee: LC   |  |                 |   |                            |                         | LOE:                       |                                       |           |                         |         |                          |  |  |
| Work Assignme   | nt Manager Nai   | me Stephani     | le Thornton   |                            |                         | Brar                       | Branch/Mail Code:                     |           |                         |         |                          |  |  |
|   |  |                 |   |                            |                         |                            | Phone Number 202-564-0269             |           |                         |         |                          |  |  |
|   |  |                 |   |                            | — FAX                   | FAX Number:                |                                       |           |                         |         |                          |  |  |
|   |  |                 |   |                            | Bran                    | Branch/Mail Code:          |                                       |           |                         |         |                          |  |  |
|   |  |                 |   |                            | Pho                     | Phone Number: 202-564-1846 |                                       |           |                         |         |                          |  |  |
|   |  |                 |   |                            |                         |                            | FAX Number:                           |           |                         |         |                          |  |  |
|   |  |                 |   |                            |                         | Brar                       | Branch/Mail Code:                     |           |                         |         |                          |  |  |
| <u> </u>  |  |                 |   |                            | Pho                     | none Number:               |                                       |           |                         |         |                          |  |  |
|   |  |                 |   |                            | FAX                     | AX Number:                 |                                       |           |                         |         |                          |  |  |
| Contracting Official Name Robert A. Knecht Br   |  |                 |   |                            | Brar                    | ranch/Mail Code:           |                                       |           |                         |         |                          |  |  |
| F   |  |                 |   |                            | Pho                     | Phone Number: 513-487-2043 |                                       |           |                         |         |                          |  |  |
| _   |  |                 |   |                            |                         | — [                        | Munaham                               |           |                         |         |                          |  |  |